

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/585616

7.11.2006

CLAIMS

	AS FILED		AFTER		AFTER	
	1 <sup>st</sup> AMENDMENT		2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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13		12				
14		12				
15		①				
16		①				
17	1					
18	1					
19	1					
20	1					
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28	1					
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TOTAL IND.	24					
TOTAL DEP.	62					
TOTAL CLAIMS	86					

	AS FILED		AFTER		AFTER	
	1 <sup>st</sup> AMENDMENT		2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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